HUGH N. HAZENFIELD, M.D., F.A.C.S Otolaryngology - Head and Neck Surgery

98-1079 Moanalua Road, Suite 660 Alea, Hawaii 96701 302 California Avenue, Suite 216 Wahiawa, Hawaii 96786

Telephone (808) 622-2626 FAX (808) 622-0066

Website: www.dochazenfield.com

91-2139 Fort Weaver Road, Suite 108 Ewa Beach, Hawaii 96706

TO: COMPANY:	LINDA D. YEKIYA
CITY:	all Kint
FAX NO.:	110.4101
FROM:	M. HAR
DATE:	<u> </u>

Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and/or state law.

WARNING: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential.

If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is **strictly prohibited**. If you have received this message by error, please notify the sender immediately to arrange for the return or destruction of these documents.

COMMENTS:

.IUI. 1 . 20m3

EXHIBIT I

000565

HUGH N. HAZENFIELD, M.D., F.A.C.S. Otolaryngology - Head and Neck Surgery

8-1079 Moanalua Road, Suite 350 Aiea, Hawaii 96701

302 California Avenue, Suite 216 Wahiawa, Hawaii 96786 (808) 622-2626

91-2139 Fort Weaver Road, Suite 108 Ewa Beach, Hawaii 96706

[X] Follow-up	o Visit	[] Post-oper	ative Visit	[] New Problem or New Visit
Q-tips	PCN; Combid leveloped severe right otalgia after (which she uses frequently) in gtts. (improved)	er using	REVIEW OF SYSTEMS Constitutional Eyes Ear, Nose, Throat Cardiovascular Respiratory Gastrointestinal Genitourinary Musculoakeletal integumentary Neurological Psychiatric Encorine Hematologic/Lymphatic Allergic/Immunologic	Reviewed with Patient [] [] [] [] [] [] [] [] [] [
EXAMINATIO)N∙			
General: Ears: Nose: Nouth: Pharynx:	AU: cerumen (debrided). Sligh tender posterior wall right EAC. normal		Nasopharynx: Hypopharynx: Larynx: Neck: Other:	
	ES): en impactions ing otitis externa AD			
TESTS/THER Cortisp D/C Q-	orin for 3 more days AD			
RETURN: PR	RN		CALL: PRN	
OPY TO RE	FERRING PHYSICIAN:	[] Yes: M. In	ada, M.D. [X] No	
	i idyn it	U	u., r.n.u.a.	
	PATIENT NAME: Sekiya, Lii	nda	DATE:	May 30, 1997

DATE: May 30, 1997

Case 1:04-cv-00297-DAE-KSC. Document 36-24 Filed 02/21/2006 Page 3 of 12 JGH N. HAZENFIELD, M.D., F.A.C.S.

Otolaryngology - Head and Neck Surgery

98-1079 Moanalua Road, Suite 350 Aiea, Hawaii 96701

302 California Avenue, Suite 216 Wahiawa, Hawaii 96786

91-2139 Fort Weaver Road. Suite 108 Ewa Beach, Hawaii 36706

Telephone (808) 622-2626 FAX (808) 622-0066

Website: www.doctor-ent.com

September 22, 2000

Michael Inada, M.D. 98-1079 Moanalua Road Suite 600 Aiea, HI 96701

RE: Linda Sekiya

Dear Dr. Inada:

Thank you for referring Linda Sekiya to me; I saw her in consultation today.

Mrs. Sekiya is a 53-year-old lady who presents with either wax or pus in the left ear for approximately one month. She states it now feels better. Past history is otherwise noncontributory.

Physical examination demonstrated a well-developed, well-nourished female in no acute distress. Cerumen was debrided from both external auditory canals, and there was a small amount of exudate in the right. The tympanic membranes were normal. There was nasoseptal deviation. The rest of the head and neck examination was normal.

My diagnoses include cerumen impactions and otitis externa.

I provided her with samples of Tobradex drops for the right ear to be used t.i.d. for three days. She is to return if necessary.

Thank you, again, for your confidence in referring this patient to me.

Yours truly,

Hugh N. Hazenfield, M.D., F.A.C.S.

HNH/lmc Dictated but not read.

HUGH N. HAZENFIELD, M.D., F.A.C.S. TIMOTHY J. McLAUGHLIN, D.O.

Otolaryngology Head and Neck Surgery Facial Plastic & Reconstructive Surgery

079 Moanalua Road, Suite 350 Alea, Hawaii 96701

302 California Avenue, Suite 216 Wahiawa, Hawaii 96786

91-2139 Fort Weaver Road, Suite 108 Ewa Beach, Hawaii 96706

Telephone (808) 622-2626 FAX (808) 622-0066 Website: www.doctor-ent.com

Type of Visit: Follow-up visit

ALLERGIES: Codeine; Combid; Penicillins

HISTORY: The patient has a one-month history of a plugged right ear.

REVIEW OF SYSTEMS: The review of systems is unchanged.

EXAMINATION:

General: Well-developed, well-nourished female in no acute distress. Oriented X 3. Normal

communication.

Ears: Massive cerumen impactions were debrided from both ear canals. Both canals and tympanic

membranes were normal with normal tympanic membrane mobility.

Nose: There was mild nasal septal deviation, and the nasal mucosa was pale and edematous.

Mouth: Normal oral mucosa. **Nasopharynx:** Exam deferred

Pharynx: Lymphoid hyperplasia.

Hypopharynx: Lympnoid hyperpiasia.

Harynx: Exam deferred Exam deferred

No palpable cervical lymphadenopathy nor masses.

ner:

DIAGNOSIS(ES): 380.4-Impacted Cerumen;

TESTS/THERAPY: None

RETURN: PRN CALL: PRN

REFERRING PHYSICIAN: Michael Inada, M.D. Copy: Yes

Hugh N. Hazenfield, MiD., F.A.C.S

PATIENT NAME: Linda Sekiya DATE: 01/11/02

HUGH N. HAZENFIELD, M.D., F.A.C.S.

Otolaryngology - Head and Neck Surgery

98-1079 Moanalua Road, Suite 660 Aica, Hawaii 96701

302 California Avenue, Suite 216 Wahiawa, Hawaii 96786

91-2139 Fort Weaver Road, Suite 108 Ewa Beach, Hawaii 96706

Telephone (808) 622-2626 FAX (808) 622-0066

Website: www.dochazenfield.com

Type of Visit: Follow-up Visit

ALLERGIES:

Codeine; Combid; Penicillins

REVIEW OF SYSTEMS: The review of systems is unchanged.

HISTORY: The patient has cerumen impactions again.

EXAMINATION:

General:

Well-developed, well-nourished female in no acute distress. Oriented X 3. Normal

communication.

Ears:

Cerumen was debrided from both external auditory canals. Both canals and tympanic

membranes were otherwise normal with normal tympanic membrane mobility.

Nose:

Exam deferred

Mouth: Nasopharynx: Exam deferred

Exam deferred

Pharynx:

Exam deferred

Hypopharynx: Exam deferred

Exam deferred

nx: k:

Exam deferred

Other:

DIAGNOSIS(ES): 380.4-Impacted cerumen

TESTS/THERAPY: None at present. Do not use Q-tips.

RETURN: 6 months

CALL: PRN

COPY to REFERRING PHYSICIAN: Michael Inada, M.D. BY FACSIMILE

Hugh N. Hazenfield, M.D., F.A.C.S.

PATIENT NAME: Linda Sekiya

DATE: 12/11/02

Case 1:04-cv-00297-DAE-KSC Document 36-24 Filed 02/21/2006 Page 6 of 12

HUGH N. HAZENFIELD, M.D., F.A.C.S.

Otolaryngology - Head and Neck Surgery

98-1079 Moanalua Road, Suite 660 Aica, Hawaii 96701

302 Culifornia Avenue, Suite 216 Wahiawa, Hawaii 96786

91-2139 Fort Weaver Road, Suite 108 Ewa Beach, Hawaii 96706

Telephone (808) 622-2626 FAX (808) 622-0066

Website: www.dochazensield.com

Type of Visit: Follow-up Visit

ALLERGIES: Codeine; Combid; Penicillins

HISTORY: The patient has cerumen in both ears again. She also has had right otalgia for four days. She uses

rolled-up tissue in her ears for showering.

REVIEW OF SYSTEMS: The review of systems is unchanged.

EXAMINATION:

General:

Well-developed, well-nourished female in no acute distress. Oriented X 3. Normal

communication.

Ears:

Cerumen was debrided from both external auditory canals. There was a purulent exudate in the

right canal. Both tympanic membranes were intact.

Nose:

Exam deferred

Mouth: Nasopharynx: Exam deferred

Exam deferred

Pharynx:

Exam deferred

Hypopharynx: Exam deferred Exam deferred

WYNX: ek:

Exam deferred

Other:

DIAGNOSIS(ES): 380.10-Otitis externa;380.4-Impacted cerumen

TESTS/THERAPY: Do not use tissue in ears. Use cotton with Vaseline to seal for showers.

PRESCRIPTION: Cipro HC Otic (Dosage: NA SIG: 6 drops affected ear Dispense: 10 ml. Refills: 0)

RETURN: 6 months

CALL: PRN

COPY to REFERRING PHYSICIAN: Michael Inada, M.D. BY FACSIMILE

Hugh N. Hazenfield, M.D., F.A.C.S.

PATIENT NAME: Linda Sekiya

DATE: 05/14/03

Case 1:04-cv-00297-DAE-KSC	Document 36-24 - File	ed 02/21/2006 Pa	ige 7 of 12
EARS: Rinne: Weber: AD: AS:	Canals: (debrides) . (De la	5:
NOSE: TRANS: NASOPHARYNX:			
ORAL CAVITY: HYPOPHARYX/LARYNX: To said	K TANJIS I		
NECK: Al OTHER:			
DX: 1. Ollargie shirtis 2. Cered 3. TMJ-pds 4.	TESTS: [] Audio (A/B/Sp) [] C&S () (B/F) [] Sinus Series [] C.T. () []		
ex: 1. TM J interesting 2. 3.	Call: Return: Signed Hugh N. Hazenfield M PATIENT NAME: Inc.	I.D., F.A.C.S. da D. Seki	000268

EARS: Rinne:	Canals:
Weber:	Cam Political
	Can Au (defrided) (def
	Eigher , lind AB
NOSE: NOSE:	TONKO JOSEPH TONKO
TRANS:	
NASOPHARYNX:	
ORAL CAVITY:	
W.	
HYPOPHARYX/LARYNX:	
-	
NECK:	
OTHER:	
DX: 1.	TESTS: [] Audio (A/B/Sp)
2. () E 3.	[] C&S () (B/F) [] Sinus Series
4. <i>I</i>	[] C.T. () []
RX: 1. Shaling oft AD	Call: Return:
. 2.) <i>(y-1</i> 2	Signed: 100269 Hugh W. Hazenfreld, M.D., F.A.C.S.
3.	PATIENT NAME: Sekilja, Linda

のかみかの

NAME: Linda D. Sekiya ADDRESS: 98-1620 Nahele Street CITY.	MR [] MISS [] MRS (IA DAM)
HOME PHONE: 487-7035 BIRTHDATE	C: 9127146ACE: 50 SSN: 577 46 201
KELEKKING DOCTOR OR OTHER:	
(Michael Inada, M.D.) ADDRESS:	PARONE 1/9-7-5/15
ADDRESS:	PHONE: PHONE:
GUARANTOR: Lawrence N. Sekiya	PELATIONSHIP. 44.4
EMPLOYER OF GUARANTOR: Pearl Harbor Nava	Shapped (use)
ADDRESS: BOX 300 Pearl Harbor, 14	1 9686D PHONE 1/21/ 27/ 02
INSURANCE CO.: HMSA (med 087) M	PHONE: 474-7693
•	NUMBER:
•	
DOCTOR'S N	
OCCUPATION: Jed Love - Be 1	. ALLERGIES: PCN; COMBID
CHIEF COMPLAINT: States AD	. ALLERGIES: PCN; COMBID
· A	
SINCE WHEN: 1/24/970	
PRESENT ILLNESS:	
1 11	
Dudden onset	
Used & - to -> work	د
The state of the s	
feet Hot,	
I de tal word	
O exidate H L Tunito	
14	
7	
i	÷

ADDRESS: ADDRESS: PHONE: SUARANTOR: M. SKILLA LAWTENGE RELATIONSHIP: HUSBANG MPLOYER OF GUARANTOR: ADDRESS: SURANCE CO.: NUMBER: FOR STRUCKY DOCTOR'S NOTES COLEMANT: COMPLAINT: COMPLAINT	
BIRTHDATE: 9 10 10 10 10 10 10 10 10 10 10 10 10 10	NAME: LINGA SOKIUA MR.[] MISS[] MRS. [X] DATE: GIZZION
BIRTHDATE: 9 10 10 10 10 10 10 10 10 10 10 10 10 10	ADDRESS: 1017 Makiki St. #CITY: Honolulu STATE: HI ZIP. 9/0822
ADDRESS: ADDRESS: PHONE: ADDRESS: PHONE: W. SKILLA LAWTENGE RELATIONSHIP: MPLOYER OF GUARANTOR: ADDRESS: ADDRESS: PHONE: NUMBER: FILLITIA SINGLE CO.: NUMBER: DOCTOR'S NOTES PHONE: NUMBER: FILLITIA SINGLE CO.: NUMBER: FOR COMPLAINT: CODEINE (9)2000 ESENT ILLNESS:	HOME PHONE: 945-7864 BIRTHDATE: 9 127140AGE. SAP SON: 575 48 DIVIL
ADDRESS: ADDRESS: PHONE: W. SKING, LAWTENGE RELATIONSHIP: MPLOYER OF GUARANTOR: MUMBERSS: MUMBER: MUMB	REFERRING DOCTOR OR OTHER:
ADDRESS: FHONE: WARANTOR: MPLOYER OF GUARANTOR: ADDRESS: ADDRESS: ADDRESS: BY PHONE: NUMBER: F71117749 F5758780641 DOCTOR'S NOTES COUPATION: HIEF COMPLAINT: COMPLAINT: CODEINE (9)2200 ESENT ILLNESS:	In Annego.
DOCTOR'S NOTES DOCTOR'S NOTES CODEINE COMPLAINT: CODEINE COMPLA	ADDRESS.
ADDRESS:	CHAPANTOP, MC GOVILLE SUICELLE
ADDRESS: SSS PHONE: NSURANCE CO.: HMSA (Nod 087) NUMBER: FJ1117143 NUMBER: FJ7117743 FST8780641 DOCTOR'S NOTES CCUPATION: Fed good HIEF COMPLAINT: Common As NCE WHEN: C8/22,000 ESENT ILLNESS:	GUARANTOR: TWO CHALLE LOWING RELATIONSHIP: HUSband
DOCTOR'S NOTES CCUPATION: fed good HIEF COMPLAINT: Comment of the complaint of the complai	EMPLOYER OF GUARANTOR:
DOCTOR'S NOTES CCUPATION: fed good HIEF COMPLAINT: Comment of the complaint of the complai	ADDRESS:PHONE:
DOCTOR'S NOTES CCUPATION: fed good HIEF COMPLAINT: Column of AS NCE WHEN: C 8/22,000 ESENT ILLNESS: NUMBER: POTORAGO 41 ALLERGIES: COMPLAINT Codeine (9/22/00)	
DOCTOR'S NOTES CCUPATION: fed good HEF COMPLAINT: Columne of the polytope of the column of the polytope of the column of the c	INSURANCE CO.: NUMBER: F54582664
CCUPATION: fed good HEF COMPLAINT: Comme of the property of the complaint	
CCUPATION: fed good HEF COMPLAINT: Comme of the property of the complaint	DOCTOBIC NOTES
NCE WHEN: C 8/22,00 Codeine (9/22/09) ESENT ILLNESS:	OCCURS NOIES
ESENT ILLNESS:	OCCUPATION: Fed good ALLERGIES:
ESENT ILLNESS:	CHIEF COMPLAINT: Column on sus AS
ESENT ILLNESS:	SINCE WHEN.
Cerme a evidate AS X/ mod	PRESENT ILLNESS:
·	Constitution of the property of



June 24, 2003

Hugh Hazenfield, M.D. 302 California Avenue Suite 216 Wahiawa, HI 96786

Ph 622-2626 Fax 622-0066

Dear Dr. Hazenfield,

I am requesting a copy of my entire file to be mailed or faxed to my attorney (per his request) at the following:

Mr. Elbridge W. Smith Smith Himmelmann Attorneys at Law **Davies Pacific Center** Suite 909 841 Bishop Street Honolulu, HI 96813

Ph. 523-5050 Fax 538-1382

Also, I would appreciate one copy faxed to me at 945-7864.

Your cooperation on this matter would be sincerely appreciated.

LINDA D. SEKIYA Ph/fax 945-7864

July 9, 2003

Hugh Hazenfield, M.D.

Attn: Paul

Per our conversation, I am enclosing a check for \$20.83 for a copy of my files. I notified the attorney's office and you will be getting a direct request from them.

Thank you.

000273